



WHI Baseline Dataset
Form 20 - Personal Information

Data File: f20_ct_pub **File Date:** 06/07/2007 **Structure:** One row per participant **Population:** CT participants

Participant ID

Variable # 1

Sas Name: ID

Sas Label: Participant ID

Type: Continuous

Usage Notes: none

Categories: Study: Administration

F20 Days since randomization/enrollment

Variable # 2

Sas Name: F20DAYS

Sas Label: F20 Days since randomization/enrollment

Type: Continuous

Usage Notes: none

Categories: Study: Administration

F20 Highest Grade in School

What is the highest grade in school you finished? (Mark one.)

Variable # 3

Sas Name: EDUC

Sas Label: Highest grade finished in school

Type: Categorical

Usage Notes: none

Categories: Demographic

Values	
1	Didn't go to school
2	Grade school (1-4 years)
3	Grade school (5-8 years)
4	Some high school (9-11 years)
5	High school diploma or GED
6	Vocational or training school
7	Some college or Associate Degree
8	College graduate or Baccalaureate Degree
9	Some post-graduate or professional
10	Master's Degree
11	Doctoral Degree (Ph.D,M.D.,J.D.,etc.)

F20 Job status - Not working

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Not working

Variable # 4

Sas Name: NOTWRK

Sas Label: Currently not working

Type: Categorical

Usage Notes: Not collected on all versions of Form 20.

Categories: Demographic: Work
Lifestyle: Work

Values	
0	No
1	Yes



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F20 Job status - Retired

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Retired

Variable #	5	Usage Notes:	Not collected on all versions of Form 20.
Sas Name:	RETIRED	Categories:	Demographic: Work Lifestyle: Work
Sas Label:	Currently retired		
Type:	Categorical		
Values			
0	No		
1	Yes		

F20 Job status - Homemaker

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Homemaker, raising children, care of others

Variable #	6	Usage Notes:	Not collected on all versions of Form 20.
Sas Name:	HOMEMKR	Categories:	Demographic: Work Lifestyle: Work
Sas Label:	Currently homemaker		
Type:	Categorical		
Values			
0	No		
1	Yes		

F20 Job status - Employed

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Employed (full-time or part-time)

Variable #	7	Usage Notes:	Not collected on all versions of Form 20.
Sas Name:	EMPLOYED	Categories:	Demographic: Work Lifestyle: Work
Sas Label:	Currently employed (full- or part-time)		
Type:	Categorical		
Values			
0	No		
1	Yes		

F20 Job status - Disabled

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Disabled, unable to work

Variable #	8	Usage Notes:	Not collected on all versions of Form 20.
Sas Name:	DISABLED	Categories:	Demographic: Work Lifestyle: Work
Sas Label:	Currently disabled		
Type:	Categorical		
Values			
0	No		
1	Yes		

**Form 20 - Personal Information****Data File:** f20_ct_pub**File Date:** 06/07/2007 **Structure:** One row per participant**Population:** CT participants**F20 Job status - Other**

What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Other (Specify):

Variable # 9**Usage Notes:** Not collected on all versions of Form 20.**Sas Name:** OTHWRK**Sas Label:** Other current job status**Categories:** Demographic: Work
Lifestyle: Work**Type:** Categorical**Values**

0	No
1	Yes

F20 Main job - Homemaker

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Homemaker, raising children, care of others

Variable # 10**Usage Notes:** Not collected on all versions of Form 20.**Sas Name:** JOBHMMKR**Sas Label:** Job as homemaker**Categories:** Demographic: Work
Lifestyle: Work**Type:** Categorical**Values**

0	No
1	Yes

F20 Main job - Managerial

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Managerial, professional specialty (Executive, managerial, administrative, professional occupations. Job titles include teacher, guidance counselor, registered nurse, doctor, lawyer, accountant, architect, computer/systems analyst, personnel manager, sales manager, etc.)

Variable # 11**Usage Notes:** Not collected on all versions of Form 20.**Sas Name:** JOBMANGR**Sas Label:** Job as managerial, professional**Categories:** Demographic: Work
Lifestyle: Work**Type:** Categorical**Values**

0	No
1	Yes

F20 Main job - Technical, sales

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Technical, sales, and administrative support (Technical and related support occupations, sales, administrative support, clerical work. Job titles include computer programmer/operator, vocational/practical nurse, dental assistant, laboratory technician, sales clerk, cashier, receptionist, secretary, word processor, etc.)

Variable # 12**Usage Notes:** Not collected on all versions of Form 20.**Sas Name:** JOBTECH**Sas Label:** Job as technical, sales, admin support**Categories:** Demographic: Work
Lifestyle: Work**Type:** Categorical**Values**

0	No
1	Yes



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F20 Main job - Service

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Service (Protective service (police, fire), health or food services, craft and repair occupations, farming, forestry or fishing occupations. Job titles include policewoman, nursing assistant, teaching assistant, child care attendant, maid, cook, waitress, food service clerk, seamstress, etc.)

Variable # 13

Sas Name: JOBSERV

Sas Label: Job as service

Type: Categorical

Usage Notes: Not collected on all versions of Form 20.

Categories: Demographic: Work
Lifestyle: Work

Values

0	No
1	Yes

F20 Main job - Operator, laborer

Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (If you are a homemaker, but work part-time, you should mark both.) Operators, fabricators, and laborers (Factory, transport, and construction work. Job titles include factory, assembly, truck driver, construction worker, etc.)

Variable # 14

Sas Name: JOBLABOR

Sas Label: Job as operator, fabricator, laborer

Type: Categorical

Usage Notes: Not collected on all versions of Form 20.

Categories: Demographic: Work
Lifestyle: Work

Values

0	No
1	Yes

F20 Main job - Other

Which of the statements below best describe your job?If you are not working now, which statement best describes your past job, that is, the job you held the longest?(If you are a homemaker, but work part-time, you should mark both.) Other (Specify):

Variable # 15

Sas Name: JOBOTH

Sas Label: Job as other than listed

Type: Categorical

Usage Notes: Not collected on all versions of Form 20.

Categories: Demographic: Work
Lifestyle: Work

Values

0	No
1	Yes

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F20 Current marital status

What is your current marital status? (Mark the one that best describes you.)

Variable # 16**Usage Notes:** none**Sas Name:** MARITAL**Categories:** Family: Spouse/Partner Demographics**Sas Label:** Marital status**Type:** Categorical**Values**

1	Never married
2	Divorced or separated
3	Widowed
4	Presently married
5	Marriage-like relationship

F20 Partner education

If married or living in a marriage-like relationship, which category below best describes the highest level of school your husband (partner) completed? (Mark one.)

Variable # 17**Usage Notes:** Sub-question of F20 V4 Q9 "Current marital status".**Sas Name:** PEDUC**Categories:** Demographic
Family: Spouse/Partner Demographics**Sas Label:** Partner highest level of education**Type:** Categorical**Values**

1	Didn't go to school
2	Grade school (1-4 years)
3	Grade school (5-8 years)
4	Some high school (9-11 years)
5	High school diploma or GED
6	Vocational or training school
7	Some college or Associate Degree
8	College graduate or Baccalaureate Degree
9	Some post-graduate or professional
10	Master's Degree
11	Doctoral Degree (Ph.D.,M.D.,J.D.,etc.)

F20 Partner job status - Not working

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Not working

Variable # 18**Usage Notes:** Sub-question of F20 V4 Q9 "Current marital status".
Not collected on all versions of Form 20.**Sas Name:** PNOTWRK**Categories:** Family: Spouse/Partner Demographics**Sas Label:** Partner currently not working**Type:** Categorical**Values**

0	No
1	Yes

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F20 Partner job status - Retired

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Retired

Variable # 19**Sas Name:** PRETIRE**Sas Label:** Partner currently retired**Type:** Categorical**Usage Notes:** Sub-question of F20 V4 Q9 "Current marital status".
Not collected on all versions of Form 20.**Categories:** Family: Spouse/Partner Demographics**Values**

0 No

1 Yes

F20 Partner job status - Homemaker

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Homemaker, raising children, care of others

Variable # 20**Sas Name:** PHOMEMKR**Sas Label:** Partner currently homemaker**Type:** Categorical**Usage Notes:** Sub-question of F20 V4 Q9 "Current marital status".
Not collected on all versions of Form 20.**Categories:** Family: Spouse/Partner Demographics**Values**

0 No

1 Yes

F20 Partner job status - Employed

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Employed (full-time or part-time)

Variable # 21**Sas Name:** PEMPLOY**Sas Label:** Partner currently employed**Type:** Categorical**Usage Notes:** Sub-question of F20 V4 Q9 "Current marital status".
Not collected on all versions of Form 20.**Categories:** Family: Spouse/Partner Demographics**Values**

0 No

1 Yes

F20 Partner job status - Disabled

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Disabled, unable to work

Variable # 22**Sas Name:** PDISABLE**Sas Label:** Partner currently disabled**Type:** Categorical**Usage Notes:** Sub-question of F20 V4 Q9 "Current marital status".
Not collected on all versions of Form 20.**Categories:** Family: Spouse/Partner Demographics**Values**

0 No

1 Yes



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F20 Partner job status - Other

What is your husband's (partner's) current job status (Mark one. If more than one applies, mark both) Other (Specify):

Variable # 23

Sas Name: POTHWRK

Sas Label: Partner currently other job

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".
Not collected on all versions of Form 20.

Categories: Family: Spouse/Partner Demographics

Values

0	No
1	Yes

F20 Partner main job

Which statement below best describes your husband's (partner's) job? If not working now, which one best describes your partner's last job? (See Question 8 for descriptions of these jobs.)

Variable # 24

Sas Name: PMAINJOB

Sas Label: Partner's main job

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q9 "Current marital status".

Categories: Family: Spouse/Partner Demographics

Values

1	Homemaker, raising children, other
2	Managerial, professional specialty
3	Technical, sales, administrative support
4	Service
5	Operator, fabricator, and laborers
8	Other

F20 Total family income

What was the total family income (before taxes) from all sources within your household in the last year? (Mark the one that is the best guess. This information is important for describing the women in the study as a group and is kept strictly confidential.)

Variable # 25

Sas Name: INCOME

Sas Label: Total family income (before taxes)

Type: Categorical

Usage Notes: none

Categories: Demographic
Family

Values

1	Less than \$10,000
2	\$10,000 to \$19,999
3	\$20,000 to \$34,999
4	\$35,000 to \$49,999
5	\$50,000 to \$74,999
6	\$75,000 to \$99,999
7	\$100,000 to \$149,999
8	\$150,000 or more
9	Don't know



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F20 Have a medical care provider

Do you have a clinic, doctor, nurse, or physician assistant who gives you your usual medical care?

Variable #	26	Usage Notes:	none
Sas Name:	CAREPROV	Categories:	Health Care
Sas Label:	Current Health Care Provider		
Type:	Categorical		
Values			
0	No		
1	Yes		

F20 Days from randomization to last visit

Variable #	27	Usage Notes:	Sub-question of F20 V4 Q12 "Usual care provider" (skip pattern rule not applied).
Sas Name:	LSTVISDY	Categories:	Health Care
Sas Label:	Days from rand to last visit		
Type:	Continuous		

F20 Mammogram ever

Have you ever had a mammogram (X-ray of the breasts to look for cancer)?

Variable #	28	Usage Notes:	none
Sas Name:	MAMMO	Categories:	Health Care: Screening Medical History: Breast Medical History: Cancer
Sas Label:	Mammogram ever		
Type:	Categorical		
Values			
0	No		
1	Yes		

F20 Days from randomization to last mammogram

Variable #	29	Usage Notes:	Sub-question of F20 V4 Q13 "Mammogram ever" (skip pattern rule not applied).
Sas Name:	LSTMAMDY	Categories:	Health Care: Screening Medical History: Breast Medical History: Cancer
Sas Label:	Days from rand to last mammogram		
Type:	Continuous		

F20 Pap smear ever

Have you ever had a Pap smear (a cancer check done during a female exam)?

Variable #	30	Usage Notes:	Not collected on all versions of Form 20.
Sas Name:	PAPSMEAR	Categories:	Health Care: Screening Medical History: Cancer Medical History: Reproductive
Sas Label:	Pap smear ever		
Type:	Categorical		
Values			
0	No		
1	Yes		
9	Don't know		



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F20 Days from randomization to last pap smear

Variable # 31

Sas Name: LSTPAPDY

Sas Label: Days from rand to last pap smear

Type: Continuous

Usage Notes: Sub-question of F20 V4 Q14 "Pap smear ever" (skip pattern rule not applied).
Not collected on all versions of Form 20.**Categories:** Health Care: Screening
Medical History: Cancer
Medical History: Reproductive**F20 Abnormal Pap in last 3 years**

Have you had an abnormal Pap smear in the last 3 years?

Variable # 32

Sas Name: ABNPAP3Y

Sas Label: Abnormal Pap smear last 3 years

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q14 "Pap smear ever" (skip pattern rule not applied).
Not collected on all versions of Form 20.**Categories:** Health Care: Screening
Medical History: Cancer
Medical History: Reproductive**Values**

0	No
1	Yes

F20 Cervical dysplasia ever

Have you ever been told you had cervical dysplasia (abnormal changes of the cervix that may or may not be early signs of cancer)?

Variable # 33

Sas Name: CERVDYS

Sas Label: Cervical dysplasia ever

Type: Categorical

Usage Notes: Sub-question of F20 V4 Q14 "Pap smear ever" (skip pattern rule not applied).
Not collected on all versions of Form 20.**Categories:** Medical History: Cancer
Medical History: Reproductive**Values**

0	No
1	Yes

F20 Aspiration ever

Have you ever had a test called a "uterus biopsy," "endometrial aspiration," or "D & C"? (This is done in a doctor's office or clinic where a small part of the lining of the uterus or womb is tested. These tests are different from a Pap smear or a colposcopy.)

Variable # 34

Sas Name: ENDOASP

Sas Label: Endometrial aspiration ever

Type: Categorical

Usage Notes: none**Categories:** Health Care: Screening
Medical History: Cancer
Medical History: Reproductive**Values**

0	No
1	Yes

F20 Days from randomization to last aspiration

Variable # 35

Sas Name: LSTASPDY

Sas Label: Days from rand to last aspiration

Type: Continuous

Usage Notes: Sub-question of F20 V4 Q15 "Aspiration ever".**Categories:** Health Care: Screening
Medical History: Cancer
Medical History: Reproductive

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F20 Pre-paid private insurance

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Pre-paid private insurance (for example: Health Maintenance Organization, Kaiser Permanente, or other Group Health-type plan)

Variable # 36**Usage Notes:** none**Sas Name:** HMOINS**Sas Label:** Pre-paid private insurance**Categories:** Health Care: Insurance**Type:** Categorical**Values**

0	No
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1	Yes
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F20 Other private insurance

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Other private insurance (for example: Blue Cross, Aetna, etc.)

Variable # 37**Usage Notes:** none**Sas Name:** OTHPRVIN**Sas Label:** Private insurance (other than pre-paid)**Categories:** Health Care: Insurance**Type:** Categorical**Values**

0	No
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1	Yes
---	-----

F20 Medicare

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Medicare

Variable # 38**Usage Notes:** none**Sas Name:** MEDICARE**Sas Label:** Medicare**Categories:** Health Care: Insurance**Type:** Categorical**Values**

0	No
---	----

1	Yes
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F20 Medicaid

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Medicaid (for example: Medical Assistance or DPA)

Variable # 39**Usage Notes:** none**Sas Name:** MEDICAID**Sas Label:** Medicaid**Categories:** Health Care: Insurance**Type:** Categorical**Values**

0	No
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1	Yes
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F20 Military or Veterans Admin

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Military or Veterans Administration-sponsored

Variable # 40 Usage Notes: none

Sas Name: MLTRYINS Categories: Health Care: Insurance

Sas Label: Military or VA insurance

Type: Categorical

Values

0	No
1	Yes

F20 No insurance

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) No insurance

Variable # 41 Usage Notes: none

Sas Name: NOINS Categories: Health Care: Insurance

Sas Label: No insurance

Type: Categorical

Values

0	No
1	Yes

F20 Other insurance type

Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.) Other

Variable # 42 Usage Notes: none

Sas Name: PAYOTH Categories: Health Care: Insurance

Sas Label: Other insurance than listed

Type: Categorical

Values

0	No
1	Yes

F20 Served in U.S. Armed Forces

Have you served in the U.S. armed forces on active duty for a period of 180 days or more?

Variable # 43 Usage Notes: Not collected on all versions of Form 20.

Sas Name: USSERVE Categories: Demographic

Sas Label: Served in US armed forces

Type: Categorical

Values

0	No
1	Yes

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F20 Ever used VA medical center

Have you ever made use of a VA Medical Center?

Variable # 44**Sas Name:** VAMEDCTR**Sas Label:** Used a VA medical center ever**Type:** Categorical**Usage Notes:** Sub-question of F20 V4 Q17 "Served in U.S. Armed Forces".
Not collected on all versions of Form 20.**Categories:** Health Care: Insurance**Values**

0 No

1 Yes

Occupation

Computed from Form 20, questions 8.1-8.8. Categorizes participants occupation into one of four groups (managerial/professional, technical/sales/administrative, homemaker only, or service/labor).

Variable # 45**Sas Name:** MAINJOB**Sas Label:** Occupation**Type:** Categorical**Usage Notes:** none**Categories:** Computed Variables
Demographic: Work
Lifestyle: Work**Values**

1 Managerial / Professional

2 Technical / Sales / Admin

3 Service / Labor

4 Homemaker only

No mammogram last 2 years

Computed from Form 20, questions 13 and 13.1. Indicates if a participant did NOT have a mammogram in the past two years.

Variable # 46**Sas Name:** NOMAM2YR**Sas Label:** No mammogram in last 2 years**Type:** Categorical**Usage Notes:** none**Categories:** Computed Variables
Health Care: Screening
Medical History: Breast**Values**

0 Mammogram within 2 years

1 No mammogram within 2 years

No pap smear last 3 years

Computed from Form 20, questions 14 and 14.1, and Form 2, question 18. Indicates if a participant did NOT have a pap smear in the past three years. Missing if a participant has been hysterectomized.

Variable # 47**Sas Name:** NOPAP3YR**Sas Label:** No pap smear in last 3 years**Type:** Categorical**Usage Notes:** none**Categories:** Computed Variables
Health Care: Screening
Medical History: Reproductive**Values**

0 Pap within 3 years

1 No pap within 3 years



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Time Since Last Medical Visit (months)

Computed from Form 20, questions 12, 12.2 and 18. Time in months since last visit to participant's usual medical care provider.

Variable # 48 Usage Notes: none
Sas Name: TIMELAST
Sas Label: Time Since Last Medical Visit (months) Categories: Computed Variables
Type: Continuous Health Care

Last medical visit within 1 year

Computed from Form 20, questions 12, 12.2 and 18. Indicator of whether participant reported visiting her usual medical care provider within the last year.

Variable # 49 Usage Notes: none
Sas Name: TIMELSTS
Sas Label: Last Medical Visit within 1 Year Categories: Computed Variables
Type: Categorical Health Care

Values

0	No
1	Yes

Any insurance

Computed from Form 20, question 16. Indicator for whether the participant has any medical insurance.

Variable # 50 Usage Notes: none
Sas Name: ANYINS
Sas Label: Any Insurance Categories: Computed Variables
Type: Categorical Health Care: Insurance

Values

0	No
1	Yes